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etateme And Plan	MHOLISTIC HOME & COMMUNITY BASED SE WASHIN		ERICLIA Milier:	A BUILDI	TIPLE CONSTRUCTION	(XS) DATE COMPI	.ETEP
NAME OF			STREET ADD	ADDAIRES, CITY, STATE, ZIP CODE			<u> 15/2000</u>
WHOL			1440 ROX	OXANNA MOAD NW NGTON, DC 20012			
(X4) ID PREFIX TAG	FACH DEPICEDACE	ATEMENT OF DEPICIENCS Y MUST BE PRECEDED BY SIC IDENTIFYING INFORMA	- I	PREFIX TAG	PROVIDER'S PLAN OF ( (SACH CORRECTIVE ACT) CROSS-REFERENCED TO 11 DEPOSENCY	ON SHOULD BE HE APPROPRIATE	COMPLE DATE
1 000	INITIAL COMMEN	TS		1000			<del>                                     </del>
1 022	A licensure survey was conducted from June 4, 2009 through June 5, 2009. A random sample of two residents was selected from a resident population of three males with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.  3501.5 ENVIRONMENTAL REQ / USE OF SPACE  Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair.		sample of ent agrees of ere ne, the of clinical ident	J 0222	GOVERNMENT OF THE DEPARTMENT HEALTH REGULATION 825 NORTH CAPITOL WASHINGTON	OISTRICT OF COLI TOF HEALTH ON ADMINISTRATIO ST., N.F. 2ND ELO	l
	This Statute is not r Based on observational failed to ensure the value of blinds for shades or blinds for (Residents \$1, \$2, a) The finding includes:	window located in the supplied with curtains three of three resides nd \$3) residing in the	GHMRP first s,				
	On June 5, 2009, at anvironmental walk-i GHRMP revealed the floor bathroom was cahades, and/or curta Manager (HM) accor acknowledged that it without a cover, to an	approximately 3:00 Fiftrough of the Interior without blind bland without blind ins. The GHMRP's Happanied the surveyor he bathroom window heure the residents' p	r of the he first de, louse r and		I 022 Window curtain has placed in the first flo bathroom. An extern person will conduct nenvironmental audits compliance.	or al audit nonthly	
	3504.6 HOUSEKEER Each poleon and cau			096	-vapaditt.		06/05/0
th Regula	tion Administration Miasta DIRECTOR'S OR PROVIDE	Homas			Vice President		O) DATE

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TATEME	NT OF DEFICIENCIES	(X1) PROVIDENSUPPL	EDIO IA				
UND PLAN	OF CORRECTION	IDENTIFICATION N	UNIDER:	(A2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(COMPLETED	
AME OF	PROVIDER OR SUPPLIER	THE PROPERTY.	STREET A		STATE, ZP CODE	06/	05/2000
	FTIC HOME & COMM	MITY BASED SE	1440 RQ	KANNA RO	AD MAN		-
(X4) ID PREFIX TAG		TEMENT OF DEPICERICAL MUST BE PROJECTED BY SECOND INFORMATION OF THE PROJECT OF T	E9	PREFUC TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCE) TO THE APPR DEFICIENCY)		COMPLETE DATE
1096	Continued From pa	ge 1	= = ====	1095	DE ROCKT)		<del> </del>
	a locked cabinet and of each resident.  This Statute is not a Based on observation	d shall be out of din			I 095 All cleaning products and caustic agents have been locked up in the basement		
	falled to ensure that in a locked cabinet a each resident. The finding includes:	cleaning agents we and out of direct rea		,	the facility. The facility she continue to remind staff to ensure that above-mentioned chemical	all t the	
	Observation and Inte Manager during the on June 5, 2009, rev	environmental walk ealed the following:	through	•	and/or reagents are consistently kept out of the reach of the residents.		
- 1	Soft Scrub Lysol, Co and Lysol All Purpose beneath the kitchen (	å Cinahar was ches	t Shine, rved	,			06/30/0
1 222	3510.3 STAFF TRAIL	NING		1222			
	There shall be continuitalining programs ect	uous, ongoing in-ee neduled for all perso	rvice nnel.				
t	This Statute is not magnification observation the GHMRP falled to conservice training pro- all personnel.	i, interview, and veri ensure continuous	fication, ongoing and for	•	•		
İ	he findinge include:						
2	Observation on June 4 twosled Resident #2 taffs assistance. The wheelchair,	aniared the fection o	vith rved in				
J	eview of Resident #2 une 5, 2009, at 12:35	's habilitation record PM revealed an	no t	,			

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NO PLAN	OFF CORRECTION	(X1) PROVIDENSUPPLE DENTIFICATION N. HPD12-0075	ercua Meer:	A BULDING COMPI		(XI) DATE COMP	<b>SURVEY</b> LETED
	PROVIDER OR SUPPLIER STIC HOME & COURSE		1440 RO)			M06/2008	
(X4) ID PREFIX TAG		TEMENT OF DEPICENCE MUST BE PRECEDED BY BC IDENTIFYING INFORM		PALEFEX TAG	PROVIDERS PLAN OF CORNE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APT DEPICIENCY)	CHE R RE	OCMPLI DATE
1291	Anthropa I fold be	rpy Assessment data 7. The Occupational rided a shower chair for safe transfers. In lager (HM) was cond had the recommend rivation on June 5, 2 that Resident #2 had ver, the armrest was d be noted that the H a the armrest, but wa  10 PM, the GHMRP's tardation Professions it Resident #2's show a armrest and proces it Resident #2's show a armrest and proces it Resident #2's show a armrest and proces it Resident #2.  ECORDS for Current, dated, dual who makes and set as evidenced by: not record review, the starded Persons (GH as in each residents and orders), for one of	with sterview lucted to led 1009, at le not les unable	I 222	I 222 The Qualified Mental Retardation Professions (QMRP) has trained the Manager (HM) on how effectively operate the removable component of shower chair.  The QMRP shall on a quarterly basis ensure the staff are trained on how operate adaptive/assistive devices. During such trastaff shall demonstrate competence in the operation assistive/adaptive devices.	House to f the lat all to e lining,	06/30/

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Health	Regulation Administra	etion				FORM	APPROVED
STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENCUPPLE DENTIFICATION NO HIPD13-0678	ER/CLIA MOER:	(CZ) MER. A. BUILDO B. WING		(COMP	
NAME OF	PROVIDER OR SUPPLIER	MED 14-40/9				00/	05/2009
ł					STATE, SIP CODE	•	·
	TTIC HOME & COMM		WASHIN	GTON, DC	AD NNV 20012		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEPICIENCIE MAINT BR PRECEDED BY SC IDENTIFYING INFORMA	FULL, ATRONO	PRESTIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPN DEPICIENCY)	TON ALD SE OPMATE	COMPLETE (68)
1 201	Continued From pe	ge 3	······	1291			
	Review of the reside aforementioned data dated May 21, 2009 physician's order, he order for a wrist split nursing personnel as Retardation Profess to ascertain information when was the wrist sinterview and review record revested an C Assessment dated in the recommendation Resident #1.  The interview continuation the recommendation if the recommendation Resident #1.	N) revealed that Reset to be worn only bitt's medical record a physicial continued review with the Gualified to evid not the Gualified Meridonal (QMRP) was cotton regarding whom splint recommended, of the resident's hall be coupational Therapaley 15, 2008 which is for the left wrist splinted with the administration for the wrist splinted from the writer from the wrist splinted from the wrist splinted from the writer from the wrist splinted from the wrist spl	et night. on the en's order of the lence an the the onducted and . The bilitation y (OT) noluded int for trative r for the ine 4, let was 2009. We staff		I 291, I The facility's Registered I (RN) will, on a quarterly review the medical record with the Licensed Practice Nurses (LPNs) to ensure t physician orders are writt for all adaptive equipment	basis Is al hat	05/30/09
	Professional (QMRP) record on June 5, 200 recident had an Individuality on May 27, 2 meked if the recident I QMRP stated that the May 18, 2009, but a covaliable for review. (QMRP revealed that I I is case manager's ext of the recident's great of the recident is great of	and review of Reek 99 at 11:27 Ahi rever Idual Support Plan (I 1906. When the aur had a current ISP, the recklent's ISP was copy of the ISP was re- Further Interview with the ISP was at Reek office. It should he re-	dent #1's sled the SP) Veyor e held on not hithe		I 291, 2 In the future, the QMRP s ensure that a draft of the I is fled in the resident's rec prior to DDS's approval	SP ord	06/30/09

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AND FLAX	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDERGUPPLERICLIA IDENTIFICATION MANSER:  HFD12-8078		ericila Moer:	CC) MULTIPLE CONSTRUCTION A. BURLDING B. WORD		(XX) DATE BURNEY COMPLETED	
NAME OF	PROVIDER ON SUPPLIER		STREET A	THERE AIT	STATE, ZIP CODE	06/00	5/2009
	TTIC HOME & COMM		1449 RO	XANNA RO	An haw		
(X4) ID PRIEFIX TAG		TEMENT OF DEFICIENCE MUST BE PRECEDED BY BC IDENTIFYING INFORM		PREPIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPRODE DEPICIENCY)	1	COMPLI COMPLI DATE
J <b>291</b>	Continued From participated to the Departicipate 8, 2009.  At the time of the erensure Resident #1	THE CHARGE		i 291			
	3620.9 PROFESSIO PROVISIONS Each GHMRP shall of services provided a warfer.	ON SERVICES: GEN	<b>fessione</b>	1 407			
	This Statute is not re Based on observation review, the Group Ho Persons' (GHMRP) P provide evidence of a one of the two resides the sample.	n, interview and reco ime for Mentally Ret "hysical Theraplat fal I written directory	rd Mided Med to		I 407 The QMRP and the Service Coordinator at the Department on Disability Services (DDS) shall conduquarterly reviews of all prices	ct	
	The finding includes: Observation on June revealed Resident #2	antered the facility of	vitth		authorizations to ensure the all approved waiver service are provided as specified.	at ×s	
	staff's assistance. The whosichair, nterview with the QM	e resident was obee	rved in:		The QMRP will follow-up it writing to the DDS Services	. !!	
t de la companya de l	ke's nabilitation record hat the realdent was ( Therapist on October : seessment revealed in order to prevent loss ower extremities to to	i on June 5, 2009 re- realusted by a Physi 5, 2007. Review of t the theraplet recomm s of motion in his up jurate 5/5 triats of Re-	vealed tel the nended per and per and		Coordinator requesting the provision of approved service Such request shall be copied the administration of Wholi Services and the Services	ces. I to stic	
9	fotion (ROM) exercises to record revealed the useriarly review on Jescond quarterly on Approved Administration	<b>88. Continued review</b> • therapist conductes • nuary 28, 2008 and	N Of		Coordinator's Branch Chief		6/30/0

FORM APPROVED

ND PLAN	NT OF DETICIONES OF CONSECTION	(X1) PROVIDENTUPL IDENTIFICATION N HFD12-9078	encla Under:	A BULDIN A. WING_	PLE CONSTRUCTION  G	(A) DATE BURY COMPLETED	
NE OF	PROVIDER OR SUPPLIER		STREET A	DREES, CITY, I	TATE ZP CODE	08/	05/2000
AHOITI	TTC HOME & COMM		1440 RQ	XANNA ROA	D NRW		
(264) ID PREPIX TAG	CACH DEFICIENCY REGULATORY OR L	TEMENT OF DEMORBICAL MUST BE PRECEDED BY BE PRECEDED BY BE DENTIFYING BUFORM	ES PPULL MIKIN)	PREFOI TAG	PROVIDERS PLAN OF CORNE (EACH CORRECTIVE ACTION SI CROSS REPERBICED TO THE AP DEPICEMENT)	SCTION HOULD BE PROPRIATE	COMPUET DATE
1407	Continued From pa	g= 5		1407			
	At the time of the sudocumented eviden provided any quarte for Resident #2.	co that the physical	therapist				
l 412	3520.13 PROFESSI PROVISIONS	ON SERVICES: GE	NERAL	1412			
	If a resident evidence professional service not exist, the GHMR days to show eviden provision of the profession of the p	for which arrangem P shall have fourtee ce of arrangements sectonal narrice, ex- artions, arrangements	in (14) for				-
	This Statute is not m Besed on interview a the (GHMRP) falled to psychistric services, (Resident #2) include	nd record review, 2 ensure the provision for one of the har m	m at			·	
•	The finding includes:					ļ	
4 F 8 A A	1. During the entrance 2008, at approximate Resident #2 received Review of the resident authorization on the authorization for the latest possible authorization for the latest possible authorization	ly 2:30 PM revealed medicald weiver se its medicald weiver se its medicald weiver forementioned data i Physical Therapy 14, 2000 . Review iton record on June a Physical Therapy sober 5, 2007 . At the	ember 4, of the 5, 2009,	111	I 412 Cross reference I 407.		
	if the aurvey, the GHI mangement for Resid hysical therapy sees	MRP failed to make	98		Total Chee 1 40/.		6/30/09

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Health	Regulation Administr	etton				FORM	APPROVED
STATEMES AND PLAN	nt of deficiencies of commettion	(X1) PROVIDENBURPLE IDENTIFICATION MU HFD12-0075	ETVOLIA AMBER:	G WING		(A) DATE S	
NAME OF	PROVIDER OR BUPPLIER	1 11012-0013	STREET AL	70000 COT	Y. STATE, ZIP CODE	08/0	E/2000
	TTC HOME & COMM	UNITY BASED SE	1440 RC	XANNA RO	IAD NW		
(%) ID PRÉFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCE MUST BE PRECEDED BY BC IDENTIFYING INFORMA	ČES II 1	PREFIX TAG	PROVIDERS PLAN OF CORRES (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APP DEPICIENCY)		COMPLETE CATE
1 412	Continued From pa	ge 6		1412			,
	June 5, 2009, at 12: Occupational Thera September 13, 2007 Theraplet recommendates annually. Mental Retarded Pri 4, 2009 revealed the medicald waiver aer requested to see an medicald waiver aer for Resident #2. Resultarization reveals approved (September 14, 2009) for an occupances ment. At the GHMRP falled to me Resident #2 to be av Theraplet as recommendates.	seview of Resident #2's habilitation record on 5, 2009, at 12:35 PM revealed an apational Therapy Assessment dated amber 13, 2007. The Occupational aplet recommended for the resident to be used annually. Interview with the Qualified all Retarded Professional (QMRP) on June 09 revealed that Resident #2 received cald waiver services. The surveyor ested to see an authorization for any cald waiver services that had been approved seldent #2. Review of the medicald waiver stration revealed the resident had been excellent for an occupational therapy sement. At the time of the survey, the RP failed to make arrangement for lent #2 to be evaluated by a Occupational spirit as recommended.			I 412, 2 Cross reference I 407.		
.	3521.6 HABILITATIC Each GHMRP Direct resident to be reeval Individual Habilitation appropriately at least	or shall arrange for e usted and to receive Plan, which is upda	<b>an</b>	1 429			
	This Statute is not m Based on staff intervi GHMRP falled to pro- recident had been re- individual Habilitation updated at least anno (Recident #1) include	lew and record review vide evidence that er evaluated and recei- i Pien (IHP) that was unity, for one of the n	ach ved an	•	·		
j	The finding includes:				•		
	<b>District with the Qui</b>	alified Mental Retard	ation				
			-			<del></del> ,	

FORM APPROVED

NID PLAN	T OF DEFICIENCES OF CONNECTION	(X1) PROVIDENCEPTE DESTIFICATION NU HPD12-4675	PVCLIA: NOGER:	(XI) MULTIPLE CONSTRUCTION A BULLOWG A WING		DATE SURVEY COMPLETED
WHE OF F	ROYDER OR SUPPLIER		STREET ADD	EBB. CITY	STATE, ZIP CODE	00/05/200¢
	TIC HOME & COMM		1440 ROXA WASHINGT	MINA RO	AD Mar	
(X4) ID PREFIX TAG	SUMMARY ST. (SACH OSFICIENC REGULATORY OR I	ATEMENT OF DEFICIENCES Y MUST BE PRECEDED BY USC (DENTIFYING INFORMA	PLELL STICH)	PREFEX TAG	PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD CHOOSE REPERSIONED TO THE APPROXIDENTS.	DIN DIS DINE COMPR PRIATE DAT
	record on June 6, 2 resident had an Ind meeting on May 27 select if the residen QMRP stated that the May 18, 2009, but a symilable for review QMRP revealed the \$1's case manager.  At the time of the state of the s	elonal (CMRP) and review of Resident #1's on June 5, 2009 at 11:27 AM revealed the k had an incividual Support Plan (ISP) g on May 27, 2008. When the surveyor of the resident had a current ISP, the stated that the resident's ISP was held on 2009, but a copy of the ISP was not is for review. Further interview with the revealed that the ISP was at Resident to manager's office.  Itime of the survey, however, the GHMRP provide evidence that Resident #1's		1 429	I 429 Cross reference I 291, 2.	06/30/
	The habilitation and GHMRP shall include be limited to, the follow	and decision-making	by the but not	445		
	This Statute is not needed on record revenues residents we problem-solving and he two residents (Ruample.  The finding includes:	met as evidenced by: low, the GHMRP tall, re trained in the eres I decision maiding for esident \$2) included i	of one of n the		I 446 Resident #1 has been inform of his civil and legal rights.	; ;
	luns 6, 2009 reveals tights." Continued : svealed that it was !	R2's habilitation recont at a document entitle review of the document blank. At the time of the falled to ensure Resk on of his chill and less	d "Bill of ht the sent #2		The process of informing residents of their civil and legal rights shall be done annually.	06/15/6

Health Regulation Administration

STATE FORM

06/29/2009 12:28 FAX **2**010/010 PRINTED: 05/18/2009 FORM APPROVED Health Reculation Administration STATEMENT OF DEPICIONCIES AND PLAN OF CORRECTION (X1) PROMOGRABUPPLIENCUA IDENTIFICATION NUMBER: (CZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A BUILDING S. WING HPD12-0075 NAME OF PROVIDER OR SUPPLIER 00/05/2009 STREET ADDRESS, CITY, STATE, ZIP CODE WHOLISTIC HOME & COMMUNITY BASED SE 1448 ROXAMNA ROAD MW WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING REFORMATION) (X4) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CHOSS-REPERENCED TO THE APPROPRIATE DEPICENCY) COMPLETE DATE PREFIX

**0VBS11** 

Continuents steet 4 of 9



"First in Quality, First in Caring, First in Sharing"

The Stoddard Baptist Nursing Home's mission is to deliver professional quality health care services to our residents and their families by responding to their spiritual, physical, emotional and social needs.

## FACSIMILE TRANSMITTAL

Date: 6.05 Time: 8
To: Dept HEALTH AHN MS WILL A'M
Company: De DECT HEALTH
Tel. No: (201) 442 -4743 Fax No: (24) 492-9430
From: JOSELAND DAPOTIT One
Transmitted From Fax Number (202) 317-79
Number of Pages including cover sheet:  Message: Wer Admissing with CICIE BREILdo Ja
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